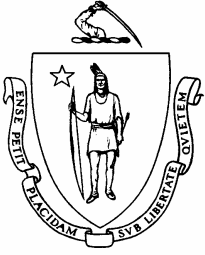


INSTRUCTIONS FOR COMPLETING APPLICATION FOR S-LICENSE

1. No person, firm or corporation shall engage in, advertise, or hold themselves out as being engaged in the business of installing, repairing, or offering maintenance for security systems without possessing a security contractor's license ("S-license"). "Security systems" are defined as wires, conduits, apparatus, devices, fixtures, or other appliances installed and interconnected electrically or electronically to permit access control, proprietary signaling, surveillance and the detection of burglary, intrusion, holdup, or other conditions requiring response or the transmission of signals or audible alarms.
2. Applicants for licensure must submit a non-refundable fee of \$250.00, payable by check or money order to the "Commonwealth of Massachusetts." The fee must be received with the application in order for the application to be processed.
3. The application must be completed in full. Failure to complete the application in full will result in the application being returned to the applicant and no license issuing.
4. Pursuant to G.L. c. 147, §§58-59 the following documents are required and must accompany the application and fee:
 - a. One (1) copy of current Massachusetts electrician's license issued by the Board of State Examiners of Electricians;
 - b. A Criminal Offender Records Information (CORI) request form, completed and signed by the applicant;
 - c. A certification by each of three (3) reputable citizens of the commonwealth residing in the community in which the applicant resides or has a place of business, or the community in which the applicant proposes to conduct their business, that they have personally known the applicant for at least three years, that they have read the application and believe each of the statements contained therein to be true, that they are not related to the applicant by blood or marriage, and that the applicant is honest and of good moral character (certification form attached below); and
 - d. One legible copy of a photo identification of the applicant bearing the applicant's signature (examples: passport, driver's license).
5. Applicants who want to have the license issued in the name of their company must specify that preference on the application. Failure to so specify will result in the license being issued in the name of the individual applicant. The license may not be transferred from one applicant to another if the applicant leaves the employ of the named company. In that case, the company must re-apply in the name of a new applicant.
6. Please mail a check, application, and accompanying documents to:

Department of Public Safety
S-license application
One Ashburton Place, Room 1301
Boston, MA 02108-1618



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Robert C. Haas
Secretary

Thomas G. Gatzunis, P.E.
Commissioner

APPLICATION FOR S- LICENSE

****A \$250.00 non-refundable fee, photo identification, and three letters of **
recommendation must be submitted with this completed application.**

Name _____

Residence _____
(Street/Number) (City/Town) (State) (Zip Code)

Telephone number _____

Company Name _____

Business Address _____

Business telephone number _____

E-mail address _____

Date of Birth _____ **Place of Birth** _____

Mother's Maiden Name _____

Father's Full Name _____

Pursuant to Massachusetts General Law chapter 147, §59 all individuals applying for a security system contractors license must disclose whether they have been convicted of a felony. **Have you ever been convicted of a felony in Massachusetts?** Yes _____ No _____

Have you ever been convicted of a felony in a state outside of Massachusetts? Yes _____ No _____
If yes, please specify which state _____

Do you want the license to be issued in the name of the company or yourself? Company _____ Myself _____
Clearly print name as you would like it to appear on the license _____

Have you registered your business name in accordance with Massachusetts General Law c. 110, §5?
Yes _____ No _____

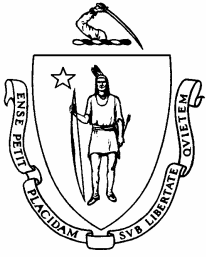
Do you represent an agency incorporated outside Massachusetts? Yes _____ No _____
If yes, please provide name and address of the agency: _____

Applicant's social security # (requested) _____ **Applicant's federal i.d. #** _____

I hereby attest, under the pains and penalties of perjury, that all information set forth on this application and submitted in support thereof is true and correct to the best of my knowledge.

Signature of Applicant

Date



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Robert C. Haas
Secretary

Thomas G. Gatzunis, P.E.
Commissioner

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CORI REQUEST FORM

The Department of Public Safety has been certified by the Criminal History Systems Board to access records of conviction and pending criminal case data for applicants for S-Licenses. As an applicant I understand that a criminal record check will be conducted by the Department for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER ____-____-____

ADDRESS _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CITIZEN CERTIFICATION FOR S-LICENSE APPLICANT

This Certification form may be duplicated for completion by each of three (3) separate individuals. The certification must be completed by an individual who is reputable and either resides in the community in which the S-License applicant resides or has a place of business, or the community in which the applicant proposes to conduct business. All Certification forms must be completed and signed, and shall be submitted by the applicant at the time of application.

Name of S-License Applicant:_____

I, _____, hereby attest under the pains and penalties of perjury to the following:

1. I am a citizen of the Commonwealth of Massachusetts residing at the following address:

(street) (city/town) (state) (zip)

2. I have personally known the above named S-Licensee Applicant for _____ years.

3. I have read the Application for S-License as completed by the above named applicant and believe, to the best of my knowledge, that each of the statements contained therein is a true statement.

4. I am not related to the above named applicant by blood or marriage.

5. I believe the above named applicant is honest and of good moral character.

I hereby attest under the pains and penalties of perjury that the above statements are true and accurate. Therefore, I submit this certification on behalf of the above named individual as part of that individual's Application for an S-License.

SIGNATURE

DATE